

New Member Registration Form

The following information is submitted in the belief that the woman named is eligible for membership in Soroptimist International of Ripon.

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ FAX: _____

EMAIL ADDRESS _____ CELL: _____

BUSINESS NAME: _____

ADDRESS: _____

BUSINESS PHONE: _____ FAX: _____

NATURE or TYPE OF BUSINESS: _____

TITLE (OR POSITION HELD) _____

Birthday Month _____ Day _____

Spouse Name _____ Anniversary Month _____ Day _____

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REMARKS (any additional comments which will be helpful – including whether personally known to member submitting name): _____

SUBMITTED BY: _____

Date of Application _____

CLASSIFICATION (To be determined by Growth and Development Committee)

_____ Code _____

Amount of Dues \$ _____

Date Received Dues _____

Approval by Committee:

(signed Chairman, Growth and Development Committee)

Date invited to Membership